



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3660

SERIAL NUMBER 09/041,685	FILING DATE 03/13/1998  RULE	CLASS 210	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. W/C-367552	
APPLICANTS  TERRY JAMES CULLINAN, MISSOULA, MT;  MAX VON WEISS, POLSON, MT;  ** CONTINUING DATA ***** <i>NONE</i>  ** FOREIGN APPLICATIONS ***** <i>NONE</i>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/21/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY MT	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 9
ADDRESS 23605 LIEBLER, IVEY & CONNOR, P.S. 1141 N. EDISON, SUITE C P O BOX 6125 KENNEWICK, WA 99336					
TITLE VERTICAL VORTEX OR LAMINAR FLOW INTERACTIVE BIO MEDIA WATER TREATMENT DEVICE					
FILING FEE  RECEIVED 641	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )		



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CONFIRMATION NO. 3660

<b>SERIAL NUMBER</b> 09/041,685	<b>FILING DATE</b> 03/13/1998 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1724	<b>ATTORNEY DOCKET NO.</b> P-1534-011
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**APPLICANTS**

TERRY J. CULLINAN, MISSOULA, MT;  
MAX VON WEISS, POLSON, MT;

\*\* CONTINUING DATA \*\*\*\*\* *NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/21/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MT	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

23605

**TITLE**

VERTICAL VORTEX OR LAMINAR FLOW INTERACTIVE BIO MEDIA WATER TREATMENT DEVICE

<b>FILING FEE RECEIVED</b> 641	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER 09/041,685	FILING DATE 03/13/98	CLASS 210	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. W/C-367552
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APPLICANT

TERRY JAMES CULLINAN, MISSOULA, MT; MAX VON WEISS, POLSON, MT.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

FP

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

FP

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/21/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MT	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 9
Verified and Acknowledged		Examiner's Initials	Initials		

ADDRESS

BIOSEPTIC SYSTEMS  
P O BOX 2725  
MISSOULA MT 59806

TITLE

VERTICAL VORTEX OR LAMINAR FLOW INTERACTIVE BIO MEDIA WATER  
TREATMENT DEVICE

FILING FEE RECEIVED \$641	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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